



County of San Diego
Department of the Alternate Public Defender
VOLUNTEER APPLICATION



(Please print or type)

Applicant Name:

Date: _____

Last: _____ First: _____ Middle: _____

Phone Number(s): Home: (____) _____ Work: (____) _____ Pager: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Name of College or University if applies: _____ **Major:** _____

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

☐ Community College

☐ Undergraduate

☐ Graduate School

☐ Law School

Year of school _____ quarter and or semester _____ anticipated graduation date _____

Position/Internship:

☐ Community Volunteer

☐ Family Advocate

☐ Investigative Intern

☐ Law Clerk Intern

☐ Paralegal Intern

☐ Social Worker Intern

☐ Student Worker

☐ Volunteer Lawyer

Other _____

Other Language(s) you are fluent in: _____

Please attach a copy of your resume if available.

Starting Date: _____ Completion Date: _____ ☐ Credit ☐ No Credit ☐ Work Study

Supervisor: _____ Location: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone Number: (____) _____

City: _____ State: _____ Zip: _____

Doctor Name: _____ Phone Number: (____) _____

Address: _____ City: _____ State: _____

Personal Data for County Identification:

Name Last: _____ First: _____ Middle Initial: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Birth Date: _____

Please return completed application to: **The Department of Alternate Public Defender, Volunteer Services**
110 West "C" Street, Suite #1100 • San Diego, CA 92101
For more information call (619) 446-2950



TIMOTHY A. CHANDLER
ALTERNATE PUBLIC DEFENDER

DANIEL J. MANGARIN
CHIEF DEPUTY

SANDRA K. HUFF
CHIEF INVESTIGATOR

County of San Diego

DEPARTMENT OF THE ALTERNATE PUBLIC DEFENDER
110 West "C" Street, Suite 1100, San Diego, CA 92101-3907
(619) 446-2900 FAX (619) 446-2955



410 S. MELROSE AVE, # 200
VISTA, CA 92083
(760) 940-6450
FAX (760) 945-4156

250 E. MAIN STREET, 8TH FLOOR
EL CAJON, CA 92020-3941
(619) 441-4890
FAX (619) 441-4846

765 3RD AVENUE, # 305
CHULA VISTA, CA 91910-5694
(619) 498-2085
FAX (619) 498-2084

AUTHORIZATION FOR LIMITED SECURITY CLEARANCE INVESTIGATION

To: San Diego County Sheriff's Department, Records Division:

I _____, do hereby authorize a designated employee of the Department of the Alternate Public Defender to conduct a search of my records for any criminal or traffic convictions and to release said information to the Alternate Public Defender Volunteer Coordinator. The information is to be used solely to assist the County's Department of the Alternate Public Defender in determining my fitness and qualifications for a position of trust and responsibility as a volunteer.

I hereby release the Office of the Alternate Public Defender and its employees from any liability, which may result from furnishing the requested information.

The original of this document is to be maintained by the Volunteer Coordinator for the Department of the Alternate Public Defender and will be made available upon demand.

Please Type or Print (Black Ink Only)

Name: _____
(Last) (First) (Middle)

Maiden/other names used: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License Number: _____ State: _____
(Month/Day/Year)

Telephone Number (____) _____ Social Security Number: _____

Weight: _____ Height: _____ Eye Color: _____ Hair Color: _____

Signature _____ Date _____

County use only: ☐ A ☐ B ☐ C ☐ D _____
Date

Records Division Signature

**Please return this form to
APD Volunteer Services
Mail Stop D-37**



County of San Diego
Department of the Alternate Public Defender



DEPARTMENT POLICY ON CONFIDENTIALITY

THE PURPOSE OF THIS POLICY IS TO PROTECT THE RIGHTS OF APPLICANTS FOR SERVICES AND/OR FINANCIAL ASSISTANCE AGAINST IDENTIFICATION, EXPLOITATION, AND EMBARRASSMENT.

As a condition of my doing volunteer work with persons who are receiving services or other assistance from San Diego County Departments, I, _____, agree not to divulge any information regarding persons who have received services.

I recognize that unauthorized release of confidential information may make me subject to criminal action under the provisions of the Welfare and Institutions Code, Section 10850, which states in part:

“Except as otherwise provided in this section, no person shall publish or disclose or permit or cause to be published or disclosed any list of persons receiving public social services. Except for purposes directly connected with the administration of public social services, no person shall publish, disclose, or use or permit or cause to be published, disclosed, or used, any confidential information pertaining to an applicant or recipient. Any violation of this paragraph is a misdemeanor.”

I understand the Department’s requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as a volunteer.

Signature: _____ Date: _____

Supervisor: _____ Date: _____



County of San Diego
Department of the Alternate Public Defender



VOLUNTEER AGREEMENT

I, _____, agree to volunteer
(please print name)

my services to the County of San Diego, Department of the Alternate Public Defender
in the position of _____.

I understand my schedule will be to work from _____
on _____ for a total of _____ months.
(days) (time)

I realize the County is depending on my services. If for a serious reason I cannot keep
my commitment, I will notify my supervisor in advance.

Date Agreement Begins

Signature

Date

Date Agreement Ends

Supervisor's Signature

Date



**County of San Diego
Department of the Alternate Public Defender**



Volunteer Status Agreement

I, _____, agree and understand that any
(please print name)

work I may perform on behalf of the Department of the Alternate Public Defender (APD) will be provided on a voluntary basis, and that I do not expect Payment or other compensation for performing such work. I further understand that a volunteer position does not constitute an employee--employer relationship with the County of San Diego and that I serve at the discretion of the Director.

Check () box below if prospective volunteer is a non-exempt County employee:

() Volunteer work to be performed is outside of the employees regular job classification and is separate from any paid work responsibility.

Signatures:

Volunteer

Date

Supervisor

Date



**County of San Diego
Department of the Alternate Public Defender**



Insurance Statement

INSURANCE STATEMENT

If you are a person duly enrolled as an individual or as a group member in a volunteer program sponsored by a department of San Diego County, the following information will answer your concerns about insurance and your liability for your actions while serving as a volunteer.

WHAT YOU SHOULD DO IF INJURED IN THE COURSE OF YOUR VOLUNTEER ASSIGNMENT?

Report the injuries immediately to your coordinator or supervisor. Use your group insurance plan first. Any uncovered expense may then be reimbursed through the Volunteer Accident Insurance. You are eligible for this additional coverage only for accidents sustained in the course of rendering volunteer services to the county. The coverage provides up to \$ 5,000.00 in medical fees for injury and \$ 5,000.00 accidental death or dismemberment. Medical expense benefits are on a reimbursement basis, so it is not necessary that the volunteer be referred to any specific hospital or facility. All injuries should be reported to your volunteer coordinator or supervisor within 24 hours or the next regular work day even though you use your own personal insurance to cover expenses involved.

WHAT YOU SHOULD DO IF SOMEONE ELSE IS INJURED AS A RESULT OF YOUR ACTIVITIES WHILE SERVING AS A VOLUNTEER?

Under California Government Code 810.2, you, as a volunteer, are afforded the same tort liability coverage as is available to a regular County employee.

This provides liability protection from suits by third parties while you are performing assigned tasks unless the volunteer acts with malice or gross negligence or outside the scope of the assigned tasks. The County shall not pay such parts of a claim or judgment as is for punitive or exemplary charges. Therefore, it is very important that you have a clear understanding of your assignment and the limits of your authority.

WHAT YOU MUST DO IF YOU DRIVE YOUR CAR AS PART OF YOUR VOLUNTEER ASSIGNMENT?

Any benefit, which is available under the County protection, is in excess to the primary insurance, which you carry on your automobile. California State laws require a certain minimum of auto insurance and that you maintain a valid drivers license. Coordinators or supervisors will need information on your auto insurance and verification of a valid driver's license before giving you an assignment involving transportation.

(Ref: County of San Diego, Board of Supervisors Policy No. B-41- Accident and Liability Coverage for Volunteers- 08-21-79 (13))